
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 7th September, 2016, 10.30 am

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| Councillor Vic Pritchard (Chair) | Bath & North East Somerset Council |
| Dr Ian Orpen | Member of the Clinical Commissioning Group |
| Ashley Ayre | Bath & North East Somerset Council |
| Mike Bowden | Bath & North East Somerset Primary Care Trust |
| Tracey Cox | Clinical Commissioning Group |
| Councillor Michael Evans | Bath & North East Somerset Council |
| Diana Hall Hall | Healthwatch representative |
| John Holden | Clinical Commissioning Group lay member |
| Bruce Laurence | Bath & North East Somerset Council |
| Councillor Tim Warren | Bath & North East Somerset Council |
| Councillor Tim Ball | Bath & North East Somerset Council (Observer) |

13 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. He welcomed, in particular, Ashley Ayre attending in his new role as Chief Executive and Mike Bowden, attending in his new role as Strategic Director, People and Communities.

14 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Rob Gibbs, GMB and Councillor Eleanor Jackson (Observer).

16 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

17 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

18 **PUBLIC QUESTIONS/COMMENTS**

There were no public questions or comments.

19 **MINUTES OF PREVIOUS MEETING - 8 JUNE 2016**

The minutes of the previous meeting were approved as a correct record and signed by the Chair subject to the following amendment:

Minute 1, line 1 “Councillor” Ian Orpen be amended to read “Dr” Ian Orpen.

20 **HEALTH INEQUALITIES INQUIRY DAY**

Paul Scott and Becky Reynolds presented feedback on the Health Inequalities Inquiry Day which had taken place on 11 May 2016.

- The event had focussed largely around the findings from the 2010 review of effective action to tackle health inequalities in England led by Professor Sir Michael Marmot.
- There had been good feedback from the day. People had enjoyed the opportunity to work across different service areas. They had also been very positive about hearing experiences from a local GP and local service users.
- There was excellent feedback about the workshop format from attendees.
- Concrete outcomes from the day were felt to be important.
- Some people had completed pledge cards and these would be followed up in six months' time to find out if actions had been carried out.

The event had involved six Marmot evidence based themed workshops and the following priorities had been identified by participants:

- Pregnancy and Early Years – it was important for agencies to join up children and adult services and also to strengthen emotional health and wellbeing. Wiltshire currently used a tool to assist with improving emotional health and wellbeing and this would be investigated for the BANES area.
- Education and Life-Long Learning – Children receiving free school meals were much less likely to be “school ready” in their first primary school year. It was also considered to be important to encourage uptake of free nursery provision available for two year olds from disadvantaged circumstances.
- Fair Employment – It was important for BANES and its partners to agree the definition of a quality job and to work with public sector partners to use combined leverage to create and monitor delivery of quality jobs.

- Healthy and Sustainable Communities – The availability of affordable housing in the BANES area was an issue for many people.
- Ill-Health Prevention – There was a need to improve access to transport in the area especially in rural locations. A transport review was suggested along with improved co-ordination of transport services. It was also important to be more creative about accessing funding schemes through outside agencies.
- Inequality in Access to Health Services – An asset based community approach was required taking into account the strengths of the local population. The difficulties of seeing a GP were acknowledged and it would be advantageous to view GP practices as a hub providing a range of different services.

The following other issues were also identified on the day:

- Having a shared vision to reduce inequalities across all services and organisations.
- Better join-up between different agencies.
- More proactive and tailored support.
- Building on strengths and assets within communities.
- Making every contact count.
- Employers working together.

Dr Orpen stated that he had found the day inspiring with a great deal of energy in the room. Health inequalities were a very important area and this was everyone's responsibility. The role of the Health and Wellbeing Board was being reviewed and its strategy being defined more clearly. Health prevention was an important role for the Board. He felt that update reports on this issue should be brought back to the Board in six, rather than twelve, months' time.

Tracey Cox stated that it was very important to set out actions to address health inequalities. She was currently collating commissioning plans for the forthcoming year and was happy to facilitate any cross-referencing as required.

In response to a question from Councillor Tim Ball officers confirmed that wider attendance would be helpful for any future sessions.

Councillor Tim Warren welcomed the work that had taken place and stressed the importance of building on this. He suggested that a report could be taken to the Public Services Board to update its members on the Inquiry Day.

Bruce Laurence noted that the Inquiry Day had ranged from a very strategic level to hearing individual experiences. He informed the Board that Universities were very interested in the issue of health inequalities and the work that had been carried out. It would be important to challenge agencies to consider their role in addressing the issues raised.

Morgan Daly stated that Healthwatch could encourage commitment to this work. In the medium and long term it would be important to assess progress against the

strategy. He felt that the outcomes from the day were an excellent piece of work.

Mike Bowden stated that ownership of the issues raised could be shared with the commissioners.

Councillor Vic Pritchard commended the work undertaken and the enthusiasm generated from the Inquiry Day and stressed the need to ensure that outcomes were monitored.

It was **RESOLVED:**

- (1) To note the work undertaken on health inequalities.
- (2) To challenge partners on the Health and Wellbeing Board, and partnerships reporting to the Board, to demonstrate explicit plans and actions for the identification of and reduction in health inequalities amongst their client groups.
- (3) To receive a report in 6 months' time on progress since the inquiry day.
- (4) To receive an update in 6 months' time from the Public Services Board on their work to address local health inequalities.

21 **YOUR CARE YOUR WAY UPDATE**

The Board received a presentation from Sue Blackman, Project Lead, regarding Your Care Your Way. The presentation covered the following issues:

- On 18 August 2016 the preferred bidder to provide community services within BANES was announced as Virgin Care. This decision had been made on the basis of a number of assessments by both professionals and community champions.
- The following issues had been taken into account during the assessment:
 - Services
 - Payment
 - Quality
 - Reporting and Information
 - Contract Management
 - Governance
 - Capability
- The contract is a standard NHS contract.
- The capability of the bidders had been tested, CQC reports had been examined and financial viability had also been investigated.
- The preferred bidder stage structure consisted of 6 workstreams as follows:
 - Commissioning
 - Communication
 - Workforce

- Estates
- Finance
- Information Management and Technology
- The key messages from the Virgin Care bid were leadership, ability to drive transformational change, co-design of services and a valued workforce. The bid demonstrated a joined-up approach to care and prevention, plans to develop multi-disciplinary teams, single care and support plans and self-management. There were also plans to use village agents in rural areas with a care co-ordination centre as a single point of access.
- The Virgin Care bid demonstrated that in areas where they are running services their workforce had felt valued and the company had a track record of managing transition well, engaging volunteers and using technology to provide an integrated care record. They had clear strategies for the adoption of assistive technologies.

A high level road map had been produced and this was circulated to the Board members.

- The service model proposed by Virgin Care identified key contributions to delivering the priorities that people have said are important to them:
 - Provide more joined up care
 - Consider the whole person
 - Focus on prevention
 - Reduce social isolation
 - Build community capacity
 - Guide people through the system
 - Value the workforce and volunteers
 - Share information more effectively
 - Embrace new technology
- Key dates for the project were:
 - 9 September 2016 – Working assumptions around scope of the prime provider to be released.
 - 25 October 2016 – Preferred bidder stage completed.
 - 10 November 2016 – Full business case to governing bodies
- The mobilisation stage would then take place from November 2016 to April 2017.
- Some indications around the transformation roadmap included:
 - Year 1 - consultation and co-design.
 - Year 2 - mobile working and launch of innovation fund
 - Year 3 – move to paperless working practices
- There would also be an innovation fund which services could bid for.

Members of the Board then asked questions regarding the bid and the contract as follows:

- Is this privatisation of the community care service? Virgin Care is a limited company providing services in the same way that other independent providers provide NHS services. The best service and most capable provider were required that reflected the vision outlined in the specification. There is a proposed cap on management costs and due diligence had confirmed Virgin Care to be compliant with UK tax requirements. As part of the contract any surplus generated would have to be reinvested back into the community.
- What would happen to the existing staff? Where appropriate frontline staff would transfer to Virgin Care but the details were still being worked through at this early stage in the process.
- Will there be any cuts to budgets or services? Will there be an impact on existing service providers? The bids had been assessed on the basis of who would provide services most effectively and efficiently. Virgin Care had demonstrated a clear stratification approach to ensure that the effectiveness of services can be accurately assessed and that funding is directed to the appropriate pathways of care. Cuts to the services were not expected although it was recognised that there are some overlaps with current provision and these are expected to be addressed as part of the transformation. There would be challenges due to the nature of transformational change. It should also be noted that there is an expectation to look at the whole system including secondary care and determine how funding can be most effectively utilised.
- Is a 3 year transition period too long a timescale? There has to be a balance. About 20 services need to safely transition and this must take place at a comfortable pace for staff and the business. It was important not to destabilise the existing health economy.

Morgan Daly and Diana Hall from Healthwatch hoped that their organisation would continue to be used in the future. Healthwatch had some concerns around smaller providers and voluntary sector organisations. Some members of the public also had significant concerns about the forthcoming changes. Healthwatch would be interested to hear from anyone who has concerns and would provide feedback to the Board in due course.

Tracey Cox stressed that the 2 year process was not solely about Virgin Care and that it would be important for all those involved in healthcare provision to continue to bear in mind the 9 strategic themes that have been agreed.

Bruce Laurence stated that the approach to recommissioning had been very thorough.

Dr Ian Orpen noted the very detailed approach and the excellent link-up with the Health and Wellbeing Board. He acknowledged that there was some public anxiety about the planned changes.

Councillor Tim Warren asked whether the roadmap could be made available to all Councillors and the public. Sue Blackman stated that she would look into this.

(Note: The roadmap referred to within the Your Care Your Way presentation will be updated during due diligence and used to carry out roadshows with the public and staff and stakeholders. It will therefore be released as soon as due diligence has

been completed).

The Health and Wellbeing Board commended Sue Blackman and her team and also Jane Shayler and her team on the excellent work they had carried out on this project.

RESOLVED: To note the update.

22 **LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015-16 AND BUSINESS PLAN 2015-18**

Reg Pengelly, Independent Chair of the BANES Local Safeguarding Children's Board (LSCB) presented its Annual Report and Business Plan. He explained that the LSCB was a statutory body which was not accountable to any particular group. He explained that a 360 degree feedback system to feed back on the performance of the Independent Chair with an annual multi-agency "Challenge and Review" Panel was now in place. It was noted that the LSCB was supported by a number of sub-groups who carried out a great deal of work and Mr Pengelly congratulated these groups and thanked them for their support.

The following issues from the report were highlighted:

- A multi-agency safeguarding hub would be set up to provide more robust handling of issues and more effective risk assessment.
- Mr Pengelly was also Chair of the Local Safeguarding Adults Board which strengthened the link between the two bodies. A pilot training group had been established to provide training for both groups.
- A schools audit had been carried out to find out how effective safeguarding processes were in local schools. Every school in the BANES area had responded and advice from the LSCB had been provided where necessary. LSCB members had also visited some schools. The aim was to repeat this exercise and to build on it in future years.
- There was a large amount of data in the report. A sub-group of the LCSB audited routine cases and outcomes. The Board aspired to strengthen this data in the future.
- There had been an increase in children with child protection plans. Figures tend to fluctuate year on year and the Board would continue to monitor these figures. 149 children were currently "looked after" in BANES and this was consistent with national figures.
- No serious case reviews had taken place this year. Some local reviews had taken place.
- A fundamental review of the role and functions of LCSBs had been carried out by Alan Wood. The Government has now published a brief response to this and it may result in changes to the way serious case reviews are carried out. There would be a meeting in October to discuss future changes to the LSCB structure.
- Mr Pengelly paid tribute to those member agencies such as the Health and Wellbeing Board who had not withdrawn funds or staff in spite of their own funding pressures.

- With the disbandment of the Children’s Trust Board it would be helpful to establish a system of mutual challenge with the Health and Wellbeing Board.

The Board then asked questions as follows:

- Are there any particular emerging themes that threaten children’s safety? Mr Pengelly responded that one of the main issues was child sexual exploitation although the main risks to children were from within their own families.
- In response to a question from John Holden it was confirmed that in future the executive summary of the report would be printed at the front of the document.
- How is the LSCB addressing Autistic Spectrum Disorder (ASD)? There was work taking place under the CAMHS transformation plan, some work with schools was being carried out and the CCG transformation fund was also involved with this issue.

Dr Ian Orpen supported the idea of multi-agency safeguarding hubs and noted that any resulting training would require some time commitment.

Ashley Ayre explained that OFSTED dictated a good deal of the report content and noted that it covered a huge range of work. He pointed out that often the longer a child had a child protection plan in place the less effective the outcomes were and noted that schools also tracked child protection plans. He commended the work undertaken by Reg Pengelly and Lesley Hutchinson in order to produce this report.

Councillor Vic Pritchard summed up the debate by highlighting the good work carried out by the LSCB and commended its aspiration to obtain an excellent rating.

RESOLVED to note the report.

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services



your care
your way

your care, your way

Programme Update

Preferred Bidder Stage

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Procurement Update



How did we assess the bidders?



How will things be different?



How will things be different?



How will things be different?



What did the capability testing tell us?



Making it happen



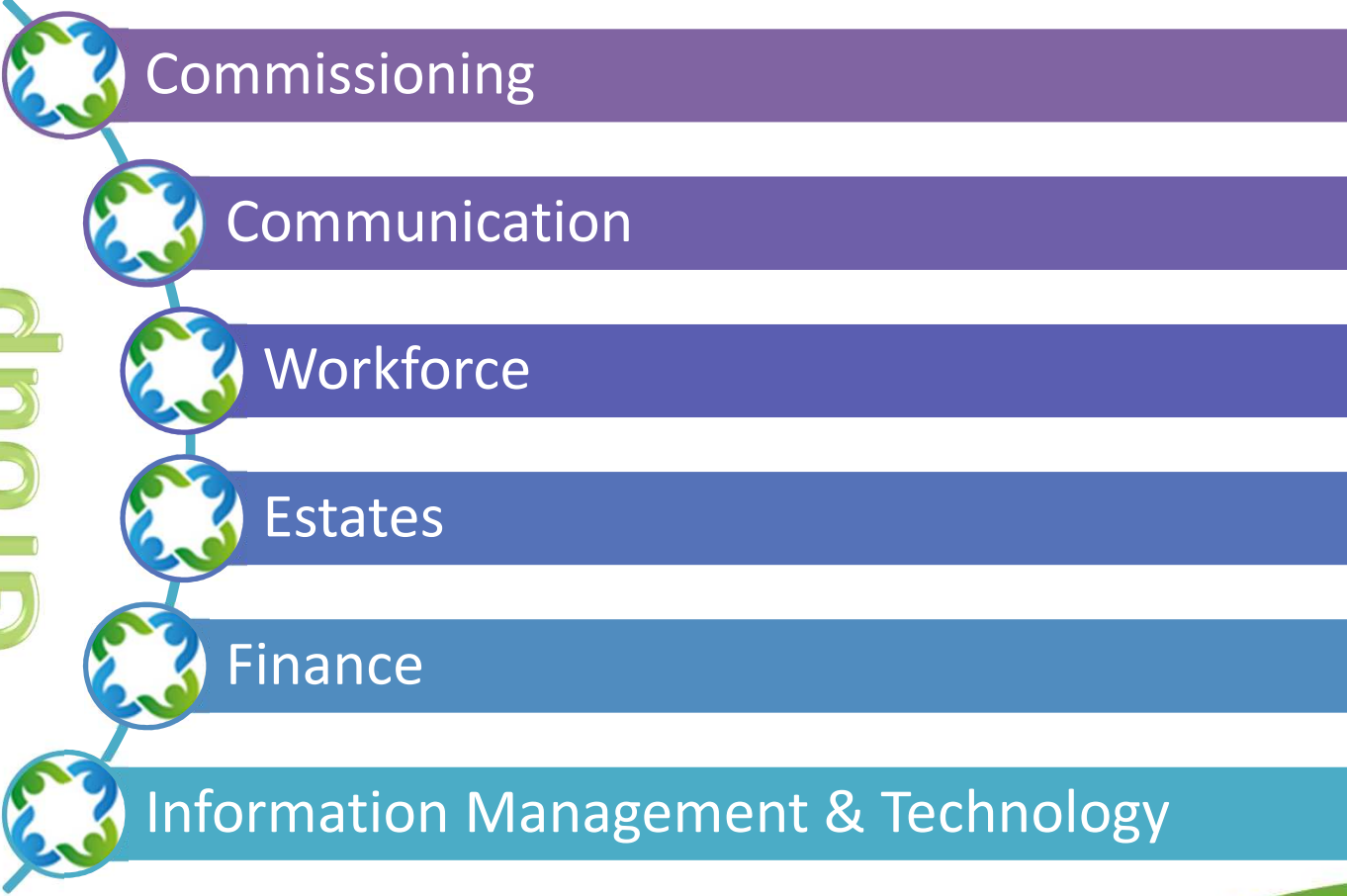
FAQs

- **Is this privatisation of the NHS?**
- **What will happen to any profit made by Virgin Care?**
- **Have you assessed Virgin Care's tax and financial arrangements?**
- **How will staff be affected?**

Preferred Bidder Stage Structure

YCYW Steering

Group



Key Dates

September

9

Working assumptions around scope of the prime provider released

October

25

Preferred bidder stage completed

November

10

Full business case to governing bodies

Any questions?

